

GREATER COLUMBIA ACCOUNTABLE COMMUNITY OF HEALTH

GLOSSARY OF TERMS

Term	Definition
Accountable Community of Health (ACH)	Accountable Communities of Health (ACHs) bring together leaders from multiple health sectors around the state with a common interest in improving health and health equity. ACHs are regionally situated, self-governing multi-sector organizations with non-overlapping boundaries that also align with Washington's regional service areas for Medicaid purchasing.
Beneficiary	A person or thing that receives help or an advantage from something; one that benefits from something
Collective Impact	Collective Impact is a framework to tackle deeply entrenched and complex social problems. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organizations and citizens to achieve significant and lasting social change. The approach calls for multiple organizations or entities from different sectors to abandon their own agenda in favor of a common agenda, shared measurement and alignment of effort. Unlike collaboration or partnership, Collective Impact initiatives have centralized infrastructure – known as a backbone organization – with dedicated staff whose role is to help participating organizations shift from acting alone to acting in concert.
Committee	A committee is usually a small group, often formed to discuss specific matters at hand. Committees represent and report to larger bodies. Committees can be formed to conduct research or come up with recommendations for planned projects or changes.
Common Measure Set	The Statewide Common Measure Set are standards of comparison that enable a common way of tracking important elements of health and health care performance, and are intended to inform public and private health care purchasing. The Common Measure Set sends a clear market signal about expected performance and provides an opportunity for everyone to be measured in the same way across the state.

Community Asset Inventory	An inventory of the regional programs and services currently being delivered in the GCACH service area.
Community Supports and Services	A community-based system of care requires systems to see the home, school, and neighborhood of the family from an asset perspective, and to identify the natural supports in these familiar surroundings as part of a strengths-based approach.
Contract	A legally enforceable agreement between two or more parties that creates an obligation to do (or not do) a particular thing. Courts will enforce contract terms if one of the parties breaches the contract.
Coordinated Care	Care coordination is “the deliberate organization of patient care activities between two or more participants involved in a patient's care to facilitate the appropriate delivery of health care services.”
Council	A council is a group of people or experts in their respective fields who come together to make decisions and deliberate. This is often a large body whose members serve as representatives of stakeholders and the broader membership.
Delivery System Reform Incentive Payments (DSRIP)	Delivery System Reform Incentive Payment (DSRIP) programs are a new type of supplemental payment that provide incentive payments for hospitals and other providers to undertake delivery system transformation efforts. To finance the waiver, Washington must provide a share of investment financing equivalent to the federal investment. WA expects to use a combination of intergovernmental transfers (IGT) and designated state health programs (DSHP). The state will follow CMS guidelines to identify the potential sources for funding the non-federal share. Currently, we anticipate the bulk of this financing will come from DSHP programs as described above.
Domain	There are 3 main areas of work in the Project Toolkit called domains. Each Domain addresses the core health system capacities to be developed or enhanced to transition the delivery system according to Washington’s Medicaid Transformation demonstration. The focus areas in Domain 1 address the core health system capacities to be developed or enhanced to transform the delivery system: financial sustainability through value-based payment (VBP), workforce, and systems for population health management. Domain 2 is Care Delivery Redesign which focuses on innovative models of care that will improve the quality, efficiency, and effectiveness of care processes. Person-centered approaches and integrated models are emphasized. Domain 3 focuses on prevention and health promotion to eliminate disparities and achieve health equity across regions and population.

Designated State Health Program (DSHP)	A designated state health program (DSHP) is an existing publicly-funded health program that supports low income/uninsured individuals and for which CMS may provide federal matching payments the program would not be eligible for otherwise. DSHP programs must be funded completely with State dollars without in-kind contributions. With respect to the waiver, after making payments for DSHP programs, the State would be able to draw down federal matching funds to support transformation investments. There are no changes in funding or additional strings attached to programs designated as a DSHP. These programs, once approved by CMS, simply provide an opportunity for the State to generate federal matching dollars for Medicaid transformation projects.
Evidence-based	Refers to any concept or strategy that is derived from or informed by objective evidence—most commonly, educational research.
Governing Body	A group of people whose role is to represent, plan strategic direction, set the organization’s goals, lead the organization, make the policies, oversee financial direction and accountability, and supervise and evaluate management. Inclusive of Boards and Steering Committees.
Health Care Authority	The Washington State Health Care Authority purchases health care for more than 2 million Washington residents through two programs —Apple Health (Medicaid) and the Public Employees Benefits Board (PEBB) Program.
Health Disparities	Healthcare disparities refer to differences in access to or availability of facilities and services. “Health status disparities refer to the variation in rates of disease occurrence and disabilities between socioeconomic and/or geographically defined population groups.
Health Equity	Health equity refers to the study and causes of differences in the quality of health and healthcare across different populations.
Healthier Washington	Healthier Washington is an initiative to transform health care in Washington State so that people experience better health during their lives, receive better care when they need it, and care is more affordable and accessible.
Independent Assessor	A State-contracted vendor who will serve as an independent "judge" to review and score Project Applications based on factors including quality, completeness, and selected projects’ number and weight.
Intergovernmental Transfers (IGT)	Intergovernmental transfers are transfers of public funds between governmental entities. The transfer may take place from one level of government to another (i.e. counties to states) or within the same level of government (i.e. from a state university hospital to the state Medicaid agency). IGTs made by localities from their own tax revenues to help fund a state’s

	Medicaid program are a legal way for a state to pay its share of Medicaid spending.
Learning Collaborative	Learning Collaboratives are a program in which CCOs, state agencies, and patient-centered primary care homes can share information about quality improvement; share best practices and emerging practices that increase access to culturally competent and linguistically appropriate care and reduce health disparities; share best practices that increase the adoption and use of the latest techniques in effective and cost-effective patient centered care; coordinate efforts to develop and test methods to align financial incentives to support patient-centered primary care homes; share best practices for maximizing the utilization of patient-centered primary care homes by individuals enrolled in medical assistance programs, including culturally specific and targeted outreach and direct assistance with applications to adults and children of racial, ethnic and language minority communities and other underserved populations; coordinate efforts to conduct research on patient-centered primary care homes and evaluate strategies to implement the patient-centered primary care home to improve health status and quality and reduce overall health care costs; and share best practices for maximizing integration to ensure that patients have access to comprehensive primary care, including preventative and disease management services.
Letter of Interest (LOI)	A letter of interest (LOI) is the process of seeking an indication of interest from potential service providers who are capable of undertaking the specific work of a project initiative.
Letter of Support (LOS)	Basically a “non-provisioned MOA”, except that it generally implies simple “support” of, not “obligation” to, the goal or project. Letters of support generally do not carry legal weight and does not require legal review.
Long-term Services and Supports	Long-term services and supports (LTSS) are defined as the services and supports used by individuals of all ages with functional limitations and chronic illnesses who need assistance to perform routine daily activities such as bathing, dressing, preparing meals, and administering medications.
Managed Care	Managed Care is a health care delivery system organized to manage cost, utilization, and quality. By contracting with various types of MCOs to deliver Medicaid program health care services to their beneficiaries, states can reduce Medicaid program costs and better manage utilization of health services.
Managed Care Organization (MCO)	Managed care organizations (MCOs) provide health insurance to Medicaid clients. They also contract with health care providers and medical facilities to

	provide or arrange for the full range of health care services for members at reduced costs.
Medicaid	Medicaid is a jointly funded, Federal-State health insurance program for low-income and needy people. It covers children, the aged, blind, and/or disabled and other people who are eligible to receive federally assisted income maintenance payments.
Medicaid Transformation Goals	<ul style="list-style-type: none"> • Reduce avoidable use of intensive services and settings • Improve population health • Accelerate the transition to value-based payment • Ensure that Medicaid per-capita cost growth is below national trends
Healthier Washington Medicaid Transformation	The Medicaid Transformation Demonstration (MTC) is a five-year agreement between the state and the Centers for Medicare and Medicaid Services (CMS) that provides up to \$1.1 billion federal investment for regional health system transformation projects that benefit Apple Health (Medicaid) clients.
Memorandum of Agreement (MOA) & Memorandum of Understanding (MOU)	Both used as written agreements between two parties. No established legal difference. Both terms are interchangeable. Frequently used to benefit a variety of efforts. An MOU/MOA need not contain legally enforceable promises. Provisions may establish important cooperation, but it does not constitute a legally enforceable obligation. Frequently used to define expectations and responsibilities of each party.
Participating Provider	Any individual or entity who furnishes, whether directly or indirectly, or provides access to, health care services; vendor.
Patient Centered Medical Home (PCMH) Model of Care	The medical home model holds promises as a way to improve health care in America by transforming how primary care is organized and delivered. Building on the work of a large and growing community, the Agency for Healthcare Research and Quality (AHRQ) defines a medical home not simply as a place but as a model of the organization of primary care that delivers the core functions of primary health care. The medical home encompasses five functions and attributes: comprehensive care, patient-centered, coordinated care, accessible services and quality and safety.
Pay for Outcomes (P4O)	Demonstrable progress towards project outcomes made by participating providers due to the implementation of the project plan
Pay for Performance (P4P)	P4P standards will be phased in starting in Year 3 and ramp up in Year 4 and 5. Each project has select outcome measures that will be assessed on a “gap-to-

	goal” methodology (8 in DY3, 19 in DY 4, and 21 in DY 5). ACH performance goals will be set by the state during Year 1.
Pay for Reporting (P4R)	Action steps taken by participating providers specified in the project's initial planning activities. For each project, an ACH must report on Progress Measures, or milestones, set by the state, beginning in Year 1.
Population Health	Population health initially focused on outcomes, today it is used more broadly to include the collaborative activities that result in an improvement of a population’s health status. A population can be defined in many different ways including demographics, clinical diagnoses, geographic location, etc.
Population Health Management	Population management (sometimes called population health management) according to the Institute for Healthcare Improvement, “orients payment and the delivery of health care services toward the achievement of specific health-care related metrics and outcomes for a defined population.”
Practice Transformation Support Hub	The Practice Transformation Support Hub (Hub) is an investment area of Healthier Washington and managed by the Washington State Department of Health. The Hub delivers tools, technical assistance, training and on-site coaching and support to providers in small to medium practices, including physical and behavioral health. The Hub includes practice coaching and network of regional health connectors, and a website of health system transformation resources.
Primary Care Provider	A primary care provider (PCP) is a doctor or other provider (such as a nurse practitioner) who specializes in one of the following: family or general practice, obstetrics/gynecology, internal medicine, adult medicine, pediatrics, naturopathy
Prevention	Primary prevention aims to prevent disease or injury before it ever occurs. This is done by preventing exposures to hazards that cause disease or injury, altering unhealthy or unsafe behaviors that can lead to disease or injury, and increasing resistance to disease or injury should exposure occur. Examples include: legislation and enforcement to ban or control the use of hazardous products (e.g. asbestos) or to mandate safe and healthy practices (e.g. use of seatbelts and bike helmets) education about healthy and safe habits (e.g. eating well, exercising regularly, not smoking) immunization against infectious diseases. Secondary prevention aims to reduce the impact of a disease or injury that has already occurred. This is done by detecting and treating disease or injury as soon as possible to halt or slow its progress, encouraging personal

	<p>strategies to prevent re-injury or recurrence, and implementing programs to return people to their original health and function to prevent long-term problems. Examples include: regular exams and screening tests to detect disease in its earliest stages (e.g. mammograms to detect breast cancer) daily, low-dose aspirins and/or diet and exercise programs to prevent further heart attacks or strokes suitably modified work so injured or ill workers can return safely to their jobs.</p> <p>Tertiary prevention aims to soften the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy. Examples include: cardiac or stroke rehabilitation programs, chronic disease management programs (e.g. for diabetes, arthritis, depression, etc.) support groups that allow members to share strategies for living well vocational rehabilitation programs to retrain workers for new jobs when they have recovered as much as possible.</p>
Project Initiative	Evidence-based approaches identified in the Project Toolkit that serve as interventions.
Project Metrics	The ACH will be held accountable and awarded incentive funds based on performance on a P4R or P4P basis in the region from DY 3 through DY 5. The majority of the P4R reporting metrics will be provided by the ACH and its partnering provider organizations. ACH reported metrics will be provided as part of their semi-annual report submissions. The majority of P4P targets will be provided by the State and are compiled on an annual basis.
Project Toolkit	The Medicaid Transformation Project Toolkit provides details about the projects that will be eligible for funding under Initiative 1 of the Medicaid transformation demonstration. It reflects the strategies-inspired by the submitted project ideas, chosen by the state and ultimately approved by CMS
Provider	Provider is a term used for health professionals who provide health care services.
Regional Health Needs Inventory	A comprehensive assessment of the region's geography and infrastructure as it relates to affordable housing, public transportation, education, workforce, demographics, health status, health care and community-based service systems.

Regional Survey	A survey to regional stakeholders that provided insight on opportunities and challenges in project planning, workforces needs, and physical and behavioral health integration.
Request for Qualifications (RFQ)	Request for Qualifications (RFQ) is a step sometimes used in the formal process of procuring a product or service, for example by a government agency.
Return on Investment (ROI)	Return on investment (ROI) measures the gain or loss generated on an investment relative to the amount of money invested.
Social Determinants of Health	The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.
Stakeholder	Stakeholders are those entities in the organization's environment that play a role in an organization's health and performance or that are affected by an organizational action. Stakeholder can mean different things to people in the healthcare system. Agency for Healthcare Research and Quality has defined "stakeholders" as persons or groups that have a vested interest in a clinical decision and the evidence that supports that decision. Stakeholders may be patients, caregivers, clinicians, researchers, advocacy groups, professional societies, businesses, policymakers, or others. Providers: Tend to view quality in a technical sense – accuracy of diagnosis, appropriateness of therapy, resulting health outcome. Payers: Focus on cost-effectiveness. Employers: Want both to keep their costs down, and to get their employees back to work quickly. Patients: Want compassion as well as skill with clear communication. A stakeholder is any person who has a direct impact or is impacted by the decisions and outcomes of a team, organization, agency or committee.
Standard Partnership Agreement	A legal agreement that covers the terms of your line of work, essentially aiming to protect the interests and intentions of fellow partners. This agreement is between two or more people to ensure professional relationship between partners. The creation of a partnership agreement is accommodating to mitigate any chances of potential partner conflict from arising in the future. It allows partners duties and obligations to clearly be specified and followed.
Statewide Metrics	Those measures that CMS will hold the State of WA accountable to for the Demonstration period.
Subject Matter Expert (SME)	A subject-matter expert (SME) or domain expert is a person who is an authority in a particular area or topic.
Sustainable System	A system often built from partnerships wherein all members experience a shared benefit from ongoing participation and contribution. Sustainable

	systems may also leverage or incentivize the adoption of consistent technologies or shared standards (e.g. interoperability) to further cross-partner information exchange.
Target Population	Population the project is intended to address. For each project selected, the ACH must define the target population, informed by regional needs, based on the target population defined in the toolkit. ACHs may choose one or more target populations.
Transformation	A change or alteration, especially a radical one.
Transformation Projects	Projects and activities that support systems-based approaches to improving health by incorporating and addressing social determinants of health, and increase the efficiency and effectiveness of healthcare by changing the structure and incentives in the health care system that promote more cost-effective care.
Value-based Payment (VBP)	Value-Based Payment (VBP) is a strategy used by purchasers to promote quality and value of health care services. The goal of any VBP program is to shift from pure volume- based payment , as exemplified by fee-for-service payments to payments that are more closely related to outcomes.
Washington Apple Health	In Washington State, Medicaid is called Apple Health . Apple Health provides preventative care, like cancer screenings, treatment for diabetes and high blood pressure, and many other health care services.
Whole Person Care	Whole-Person Care is the coordination of health, behavioral health, and social services in a patient- centered manner with the goals of improved health outcomes and more efficient and effective use of resources.
Work Group/Sub-Committee/Task Force	A group convened to develop and execute an implementation plan.